Quality Assurance and Improvement Outcomes and Indicators Independent Support Coordination Individual Review

Domain 1. Access and Eligibility

Outcome 1A: The person and family members are knowledgeable about the HCBS waiver and other services, and have access to services and choice of available qualified providers.				
Indicators	Results	Guidance	Comments	
1.A.3. The person and family members report they are offered choice of available qualified providers.	Y	Individual interview and/or other review activities as needed. Provider Manual Reference: 4.7.c.		
1.A.4. The person and family members report they know how to appeal adverse decisions regarding access to and eligibility for services and participation in the HCBS waiver.	Y	Individual interview and/or other review activities as needed. Provider Manual Reference: 2.16.d.		

1.A.7. ISCs report they are knowledgeable The individual interview indicates the ISC is about available services, supports and knowledgeable of the HCBS waiver and Ν funding mechanisms in the community. other services. NA 🗌 Provider Manual References: 4.7.b. 1), 2); 4.7.d. Individual interview and/or other review *1. A.8. ISCs support the person (assisted by family members) to exercise choice and activities as indicated. facilitate access to selected services. NA Provider Manual Reference: 4.7.c. and d.

Domain 2. Individual Planning and Implementation

Indicators	Results	Guidance	Comments
2.A.1. The person and family members report they are active participants in developing the plan to the extent they desire.	Y N NA IJ	Individual Interview and/or other review activities as indicated Individual Support Plan Review (signatures/notes related to persons' involvement) The person and / or family members understand(s) the functions of the COS, role of the ISC, and his or her right to choose how the COS and planning team assists in the development of the ISP. Provider Manual Reference: 3.1.; 3.2.ad.; 3.3.	
2.A.2. The person and family members report the plan reflects what is important to them.	Y	Individual Interview and/or other review activities as indicated Individual Support Plan Review (signatures/ notes related to persons' involvement) The person, family members and/or legal representative are present during planning meetings. Their wishes are noted in ISPs, meeting minutes, etc. The person and / or the person's legal representative make decisions about the outcomes and action steps that will be included in the final ISP and the services that will be requested to achieve the outcomes.	

		Provider Manual Reference: 3.1.; 3.2.; 3.3.a. 1); 3.12.e.	
*2.A.3. Pre-planning activities are performed prior to the planning meeting.	Y	The ISC is responsible for informing the person and his / her legal representative about the planning process.	
		The ISC completes required preplanning activities including information gathering, identifying and requesting assessments, reviewing assessment information and recommendations, review of the previous year's ISP, developing and distributing a draft ISP, and arranging the planning meeting.	
		The ISC also reviews rights and responsibilities including appeal rights, right to choice of providers, Title VI, and complaint resolution procedures with the service recipient and / or his or her legal representative.	
		Employment is always discussed and considered as an option for day service.	
		Provider Manual Reference: 2.4.c.; 2.6.; 2.7.; 3.6.c.; 3.11.ac.; 4.8.7.; 10.1.; 10.3.ab.; 11.2.e. 11.15); 12.9.a.; 12.12.; 13.8.; 13.10.a.; 14.2.d.; 14.3.b.; 14.5.d., e.; 15.2.; 15.3.e., f.; 15.4.; 15.5.	

*2.A.4. Current and appropriate assessments of the person's abilities, needs and desires for the future are used in developing the plan. Note: Issues related to the Risk Issues Identification Tool are addressed at Outcome 2.C	Y	The ISC is responsible for gathering all needed assessment information. The ISC is responsible for incorporating assessment information into the planning process by using the information gathered to identify the person's needs, preferences, capabilities and desired outcomes for the future (includes the Inventory for Client and Agency Planning- ICAP, professional / clinical assessments, vocational assessment, health related information and assessment, health related information and interview with the individual and others who know the person). If applicable, the ISC completes the annual re-evaluation of the need for ICF/MR services required for the person to remain medically eligible for Medicaid waiver benefits. If the service recipient has expressed interest in pursing employment, a vocational assessment is to be completed and discussed during the Planning Meeting. Provider Manual Reference: 3.5.; 3.6.; 3.7.; 3.8.; 4.7.a.; 4.12.; 10.1.; 10.3.a.; 10.3.b.; 11.5.a.; 12.3.b.; 13.9.a.; 13.12.b.; 12.3.d.; 14.5.h.; 15.3.fh.	
*2.A.5. The plan includes individualized supports and services to address the person's needs.	Y	 The Individual Support Plan (ISP) describes: The person's desired outcomes, assessed needs and preferred lifestyle as identified in preplanning activities; The services and supports required to meet those needs; The scope, frequency and duration of 	

July 1, 2008 4

ISC Individual Paviow Chacklist			
*2.A.6. The person's financial resources are detailed in the plan.	Y	services; and The providers of those services. The plan is completed utilizing the standardized ISP format. The ISP contains complete and current information. The plan includes functional outcome/action steps that are written in measurable terms. The ISP must include minimally one outcome for each funded service. The Plan addresses the person's choices regarding work. If the person is receiving services through the school system, the ISC participates in the development of the IEP (if the family requests) and the inclusion of pertinent information in the current ISP. Provider Manual Reference: 3.10.a., b.; 3.12.gi.; 3.20.; 3.21.; 3.22.; 10.1. 13.12.b.; 13.13. The ISC complies with the applicable provisions of DMRS Policy P-008-A, including ensuring that the ISP addresses: 1. the person's capabilities and desires regarding personal funds management; 2. the extent to which personal funds will be managed by the provider agency; 3. the person's desire, if applicable, to	
		will be managed by the provider agency;	

July 1, 2008 5

ISC Individual Review Checklist			
*2.A.7. The ISC develops and distributes the initial plan and annual updates in a timely manner.	Y	have a joint bank account and share expenses with another person who is the person's spouse; 5. any training or assistance needed to support the person in managing personal funds or to develop skills needed to increase independence with managing personal funds; 6. goals and objectives involving use of the person's personal funds; and 7. any health, safety or exploitation issues that require limitations on the person's access to personal funds and strategies to remove limitations at the earliest possible time. The ISC or Case Manager provides assistance with identifying and accessing providers of services specified in the ISP and arranging those services to ensure that the person's funds will not be spent when there is another payor source (e.g., private insurance, Medicare) that should be responsible. Provider Manual Reference: 3.10.c. Other Reference: DMRS Policy P-008-A, approved 11/30/06 For persons initially entering the system, the ISP is developed in accordance with the DMRS provider manual and Waiver guidelines, as applicable. Prior to the initial start of waiver services, the PAE serves as the initial plan of care. An initial ISP must be developed within sixty (60) calendar days of admission into services and should include at a minimum the services needed to ensure the health, safety and welfare of the person and identification of any needed assessments.	

July 1, 2008 6

I	C Individual Review Checklist		
		The Support Coordinator distributes the annual ISP to the person, his/her family, his/her legal representative, the person's advocate, providers of supports and services for the person and the Regional Office. The support coordinator responds to reports of discrepancy. ISP annual updates are completed and distributed prior to the required effective date.	
		Provider Manual Reference: 1.7.a.; 3.10.a., b.; 3.10.d., e.; 3.15.; 3.19.; 3.20.; 3.21.; 3.22.; 4.7.e.; DMRS memorandum of 8/10/07	

Outcome 2B. Services and supports are provided according to the person's plan.				
Indicators	Results	Guidance	Comments	
*2.B.1. The ISC arranges for and coordinates needed services identified in the plan in a timely manner.	Y N NA IJ	 The ISC: Submits the ISP to the DMRS Regional Office for review and approval; Arranges for and secures all services and supports described in the ISP; Provides assistance with identifying, locating and accessing providers of services and supports and arranging services and supports in a cost effective manner; and Monitors to determine if the person's expenditures exceed personal financial resources. The Support Coordinator works with provider agencies to arrange authorized services. 		

Requests for services are submitted to the
DMRS within prescribed timeframes. Request for services documentation (ISP amendments, etc.) is complete, accurate and submitted according to DMRS requirements. The amendment documents that DMRS services that require consideration by, or denial by, third party funding sources (Medicae, TennCare, etc.) are sought before submitting the request for DMRS services. The ISC assists persons in obtaining TennCare providers, if needed. Provider Manual Reference: 3.13; 3.14; 3.16; 3.19; 3.20; 3.21; 3.22; 4.7.d.; 11.2e; 11.4b; 11.5c; 11.16b; 11.16d; 11.17; 12.13a, b, 11.2c; 11.16d; 11.17; 12.13a, b, 11.2c; 11.16d; 11.17; 12.13a, b, 11.2c; 11.16d; 11.16d; 11.17; 11.16d; 11.17; 11.16d; 11.17; 11.16d; 11.16d; 11.17; 11.16d; 11.16d; 11.17; 11.16d; 11.

	Provider Manual Reference: 3.10.d.;	
	4.7d.; 47.e.; 4.7.f.; 4.7.h.	

Outcome 2C. Individual risk is as	sessed and ad	equate, timely intervention is provide	ed.
Indicators	Results	Guidance	Comments
*2.C.1. Individual risk (e.g., physical, behavioral) is assessed.	Y N NA IJ IJ	Note: This outcome is not limited to only the formal risk assessment process established by DMRS, but also includes other generic risk measures that the provider may have in place.	
		All individuals who receive supports and services through the DMRS are required to have an annual risk assessment.	
		The ISC completes the Risk Issues Identification Tool prior to the annual ISP or whenever needed to address emerging needs or amend current support and interventions.	
		The ISC, or the entity responsible for the development of the ISP, is responsible for facilitating the Risk Assessment Process along with the input of the planning team and any other pertinent people.	
		The ISC reviews the identified risk factors with the person, his/her family and/or legal representative during the pre-planning phase of the ISP process. This review will be for the purpose of determining the relevance of the identified risks to the person and the concerns or issues that the person, the family, or legal representative may have about the risks identified or indicate additional risks they feel are	

present.

The identification of risk factors during the pre-planning phase may result in the need for certain assessments prior to the annual ISP meeting in order to gather more pertinent information including recommendations. The ISC will be responsible for assuring that these necessary assessments take place.

The ISC is responsible for documenting relevant risk factors identified by the various service providers and others during the pre-planning phase of the Individual Support Planning (ISP) process. The ISC will utilize the *Risk Analysis Planning Tool* to assist in gathering this information.

During the planning meeting the Risk Analysis Planning Tool is used to facilitate and document completion of the risk planning process.

All documentation gathered on the risk issues identification tool is included in the DMRS-required ISC documentation form for annual reviews and preparation of updates and is to be kept in the ISC provider's records as foundational materials to the planning process.

Provider Manual Reference: 3.9.a.; 3.9.b.; 3.9.b. 2); 3.9.b. 7); 3.11.a. 5); 3.12.f.; 3.13.a. 4); 4.4.b.; 4.8. 7); 18.6.j.

ISC Individual Review Checklist			
2.C.2. Supports and interventions address individual risk issues.	Y	If the planning team determines that an identified risk should not be addressed in the ISP, the reason / explanation must be documented on the final risk analysis and planning tool.	
		As a result of the analysis portion of the risk assessment process, any and all supports, services, or actions needed around a particular identified risk will be included in the ISP, as determined by the Planning Team and COS.	
		The ISP includes an appropriate plan for educational activities related to health risks as identified by the person and his/her planning team. If appropriate, qualified professionals provide education to the person and his or her planning team.	
		Staff are trained as needed on identified risk issues.	
		The ISC agency has a process for ensuring that supports, services or actions needed around identified risks are included in the ISP.	
		Provider Manual Reference: 3.11.a.; 3.12.c.	
2.C.5. The ISC is knowledgeable about specific risk management issues involving individuals on their caseloads and the	Y	Individual interview and/or other review activities as indicated.	
supports and interventions to be		The ISC is knowledgeable about their	

15C Individual Review Checklist			
implemented.	IJ 🗌	responsibilities for facilitation of the Risk Assessment process and can identify the specific planning and implementation needs of the person served. Provider Manual Reference: 3.9.; 4.4.c.1)	
*2.C.6. The ISC ensures that the person's plan is revised when emerging risk issues are identified.	Y N NA IJ	If the use of the risk assessment tools during the implementation or review process indicates that the ISP is unclear or inadequate in defining risks or the supports to be provided, then the ISP is amended or updated. For persons who do not have a long-term service provider, the ISC convenes meetings, as necessary, to review and coordinate the status of specific supports and action plans related to identified risk issues contained in the ISP. Provider Manual Reference: 3.9.; 4.1.	
2.C.7. The ISC ensures that risk issues and the supports and interventions to be implemented are communicated and coordinated between providers.	Y N NA IJ	The ISC acts on any requests or needs for coordination of planning meetings among multiple service providers. The ISC consults with the person and their legal representative (if applicable) to determine if modifications to the ISP are needed. Provider Manual References: 3.11.; 3.12.	

Outcome 2D. The person's plan and services are monitored for continued appropriateness and revised as needed.				
Indicators	Results	Guidance	Comments	
2.D.1. The person and family members report they are active participants in revising the plan.	Y	Individual Interview and other review activities as indicated, including Individual Support Plan Revisions and Amendments		

ISC Individual Review Checklist			
	IJ 🗌	(signatures/ notes related to revisions / amendments).	
		The person and family report ISC monitoring is occurring and the ISC is reporting issues.	
		Provider Manual Reference: 4.7.f.	
2.D.2. The person and family members report that supports and services in the plan are revised as needed to address individual needs.	Y	Individual Interview and Individual Support Plan Review, including Individual Support Plan Revisions and Amendments (signatures/ notes related to revisions / amendments).	
		Provider Manual References: 2.; 2.16.d.; 2.17.; 3.10.f.; 4.8. 2)	
*2.D.3. The ISC monitors implementation of the person's plan.	Y	Interviews with ISC and Residential and Day Staff	
	NA 🗌 IJ 🗍	The ISC is able to report monitoring activities.	
		The ISC monitors that services are consistently provided in the approved amount, frequency, intensity and duration identified in the person's ISP.	
		The ISC monitors the scheduling and completion of needed assessments and evaluations, the development and implementation of plans, tracks the process of implementing any ISP changes and completes monitoring visits as required.	
		The ISC conducts at least one face-to-face contact with the person per calendar month (please note visits for members of the Settlement Agreement class are required no less frequently than every 21 days; visits for members of the Remedial Order	

ISC Individual Review Checklist			
13C muridual Review Checklist		class are required no less frequently than every 14 days for the first 6 months after transition into the community and monthly thereafter). Every three months, one of these face-to-face contacts must be in the person's place of residence if the individual receives residential services.	
		Provider Manual Reference: 4.7.; 4.7.f.; 4.7.f. 2); 4.7.g. 1); 4.7.g. 2); 4.7.g. 4); 4.8.	
*2.D.4. The ISC ensures that the person's plan is reviewed and revised according to the required schedule or as necessary to address emerging needs.	Y N NA IJ IJ	The ISC maintains ongoing communication with the person served, family and/or legal representative, planning team members and agencies that provide supports and services to assure desired or needed outcomes are achieved and issues are resolved.	
		The ISC works collaboratively with the person, their legal representative, family, members of the planning team and other providers to ensure meetings are scheduled and held as required and whenever necessary to address emerging needs, review, revise or update the plan.	
		The ISP must be reviewed monthly by the ISC and amended whenever there is a significant change in the person's status.	
		 The plan must be amended whenever: The action steps and outcomes change; Services or service providers change; There is a significant change in overall service and support needs; or The ISP no longer reflects the service recipient's preferred lifestyle. 	
		The ISP must be updated in its entirety no less frequently than once every twelve (12) calendar months.	

ISC Individual Review Checklist		T	
		Provider Manual Reference: 3.1.; 3.2.; 3.3.; 3.10.f.; 4.7.	
2.D.8. ISC documentation meets DMRS requirements and accurately reflects the person's status.	Y N NA IJ	The ISC documents all monitoring activities and significant contacts with the person or others regarding services and supports to the person. Information is recorded in the appropriate ISC documentation form(s). The "Face-to-face Monitoring Visit" section is completed one time per month during the face-to-face visit regardless of the location of the visit.	
		The "Monthly ISP Status Review" section is completed one time per month based on information gathered during the face-to-face visit, interviews with the person, family members, the legal representative, provider staff and others.	
		Additional information that is gathered once every third month during the face-to-face visit must be documented in the "Periodic Review" section. It may be necessary to make additional contacts with family members, the legal representative to complete this section.	
		One time per year, approximately halfway through the person's ISP year, a member of the person's family or legal representative is contacted and asked specific questions. This contact may be made during a face-to-face visit if the family member or legal representative is present. If not, an additional contact is made. This	
		information is recorded in the "Semi-Annual Review" section. This section is not applicable and does not have to be completed if the person is a legally	

competent adult with no legal conservator or involved family or the person is a legally competent adult who has involved family, but has declined consent for family members to be contacted.

The "Annual ISP Review and Update Preparation" section is completed as part of the planning process. See Individual Service Planning for more information.

Any additional contacts made with the person or regarding services and supports to the person are recorded in the "Additional Monthly Activity/Contact Form" section.

Any time an issue of concern is identified through the monitoring process or during contact with the person or others, the concern is recorded in the "Issue Reporting and Tracking" section. Any items marked "no" in the "Face-to-face Monitoring Visit", "Monthly ISP Status Review", "Periodic Review", "Semi-Annual Review" sections are included in the "Issue Reporting and Tracking" section. The only exceptions are non-reportable concerns that the person, a family member or legal representative request not be reported. The ISC still does appropriate follow-up, but the issue is not reported to DMRS. A copy of this section is forwarded to the Executive Directors of all providers responsible for correcting identified issues of concern for resolution and to DMRS for further intervention and resolution.

Any "no" response resulting from Issues Reporting and Tracking as conducted by ISCs is to be sent to the appropriate provider.

2.D.9. ISC addresses all issues of concern

to timely resolution.

N | NA | IJ |

Completed Issues Reporting and Tracking forms should be sent to the appropriate DMRS Regional Office if one or more of the following issues is identified: Delays in services; No current ISP in the home; Chronic lack of implementation of the ISP; and Unresolved health and safety issues.	
Provider Manual Reference: 4.8.; memorandum from Steve Norris, Deputy Commissioner, 7/26/06	
The ISC agency has a system to ensure that all issues of concern are addressed timely.	
The person's ISC follows all DMRS requirements for people transitioning from Developmental Centers to community-based supports and services, or for people transitioning from one community provider to another. The ISC follows the requirements of the Remedial Order, Settlement Agreement, or relevant transition plan.	
The ISC follows up and ensures resolution for issues related to the ISP or other areas of concern, including anytime there is a need for a change in services, a change in service providers or a change in the way services are delivered.	

July 1, 2008

Provider Manual Reference: 3.20; 3.21.; 4.; 4.7.; 4.7.h.

Domain 3. Safety and Security

Outcome 3A: Where the person lives and works is safe.			
Indicators	Results	Guidance	Comments
3.A.1. The person and family members report they feel safe in their home and community.	Y	Individual Interview and/or other review activities as indicated The person reports feeling safe and secure in all of his/her environments.	
3.A.2. The person and family members report no environmental safety issues.	Y	Individual Interview and/or other review activities as indicated	
*3.A.5. Providers assess and reassess the home and work environment regarding personal safety and environmental safety issues.	Y N NA NA IJ	Supports and plans related to personal safety and security are incorporated into the person's ISP. ISC staff report and document any environmental safety issues to the responsible provider management. Provider Manual Reference: 3.9.a.; 4.8.	
*3.A.6. Providers resolve safety issues in a timely manner.	Y	The ISC takes actions to ensure that any safety issues or problems identified during routine monitoring activities are resolved. In the event of an immediate jeopardy issue, the ISC never leaves an environment until the person's safety is assured. Provider Manual Reference: 4.8.; 19.11.a 2)	

Outcome 3B. The person has a sanitary and comfortable living arrangement.				
Indicators	Results	Guidance	Comments	
3.B.1. The person's place of residence and work/day site are well maintained and provide a sanitary and comfortable environment.	Y	There is evidence that the ISC monitors, identifies and reports any issues of concern regarding the condition of the person's home and/or day environment. Provider Manual Reference: 4.8.		
Outcome 3C. Safeguards are in pla	-	the person from harm.		
Indicators	Results	Guidance	Comments	
3.C.2. The person and family members report they feel that they can report incidents without fear of retaliation.	Y	Individual Interview and/or other review activities as indicated		
3.C.5. Provider staff are knowledgeable about the protection from harm policies and procedures.	Y N NA NA NA NA NA NA NA	The ISC has available incident reporting documents and is knowledgeable about protection from harm policies and procedures.		
		The ISC has the State Investigator contact number; and is knowledgeable about how to identify and report instances of suspected abuse, neglect, mistreatment or exploitation.		
		Provider Manual Reference: 4.7.h. 2); 18.4.a.		
*3.C.10. The provider reports incidents as required by DMRS, including following timeframes and directing the report to the appropriate party.	Y	Individual documentation and interview indicates timely and appropriate reporting by the ISC, when indicated.		
		Provider Manual Reference: Table 18.4., 18.4.; 18.6.h. 6)		

Domain 9. Provider Capabilities and Qualifications

Indicators	Results	Guidance	Comments
9.A.3. The provider maintains appropriate records relating to the person.	Y	The provider complies with appropriate DMRS requirements related to service recipient records.	
		Provider Manual Reference: Chapter 8.	
Indicators	Results	Guidance	Comments
Indicators 9.B.1. The person and family members report that provider staff competently provides quality services and supports.	Results Y	Guidance Individual Interview and/or other review activities as needed	Comments
	ij 🖺		
	equately supp	orted.	
Outcome 9C. Provider staff are ad			

Domain 10. Administrative Authority and Financial Accountability

Outcome 10A. Providers are accountable for DMRS requirements related to the services and supports that they provide.			
Indicators	Results	Guidance	Comments
*10.A.1. The agency provides and bills for services in accordance with DMRS requirements.	Y	Review of documents and billing Provider Manual Reference:	
		4.7.g.; 20.6.	